



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
OFFENDER GRIEVANCE

ORIGINAL

RECEIVED

GP-JM/AL/CL/AM/JW

JAN 19 2021

RECEIVED

DATE FILED

JAN 19 2021

INSTITUTION USE ONLY

OFFENDER LAST NAME

FIRST

Clay, Christopher

MECC
CORIZON-0908ER

IBR NUMBER

MECC 20 - 1244

DATE FILED

JAN 19 2021

M.E.C.C.

Grievance Officer

5

5

MECC

HOUSING UNIT

UNIT

OFFENDER GRIEVANCE/REQUEST

I understand that I will be administered the treatment eventually that's not my issue my issue is that the State took funding for hep C treatment and the prisons medical vendor never administered said treatment therefore due to medical negligence I have sustained damage to my liver that could have been treated had Corizon not messed up the funding. I am still seeking quicker treatment as well as financial compensation due to the lack of treatment in 2017-2020. I would also like a copy of this grievance please and thanks

OFFENDER SIGNATURE

Chris Clay

DATE

1-13-21

SUPERINTENDENT RESPONSE

RECEIVED
MECC

FEB 04 2021

WARDEN

SUPERINTENDENT/SECTION HEAD

DATE

2/5/2021

You have the right to appeal this decision to a division director. You must file an appeal form with the grievance officer within seven (7) days from the day you receive this decision. Failure to submit an appeal within this time frame constitutes abandonment of the grievance.

 I ACCEPT THIS DECISION I APPEAL THIS DECISION

OFFENDER SIGNATURE

OFFENDER COPY

DATE

Grievance Response

To: Christopher Clay #1290029

Institution: Missouri Eastern Correctional Center

Grievance Number: MECC - 20 -1244

Date of Grievance: January 19, 2021

Your grievance has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be: You allege that you have been denied treatment for Hepatitis C.

Subsequent to review and investigation, the results are as follows: On December 11th of 2020, you had a Chronic Care Hepatitis appointment with the medical provider. At that time, your current laboratory results, fibroscore score, apri score were discussed with and a copy given to you. A receipt of these results was obtained. Also during this appointment, you denied any complaints or symptoms related to Hepatitis C infection. As funding becomes available, all priority one, two and three patients will receive pharmacologic treatment.

In conclusion, you are being followed in the Hepatitis C Chronic Care Clinic and are encouraged to keep all appointments with the medical provider and nursing staff.

If your condition changes please address any concerns through the sick call process at this facility.

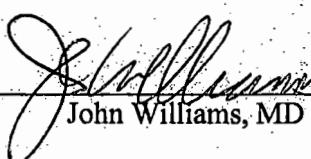
January 19, 2021

Date Received

February 2, 2021

Date of Response


Jane Wheeler, RN Health Serv. Admin.


John Williams, MD

OFFENDER COPY



ORIGINAL

RECEIVED



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
OFFENDER GRIEVANCE APPEAL

OFFENDER NAME (LAST NAME, FIRST)

Clay, Christopher

GRIEVANCE NUMBER MECC

20-1244

DATE FILED

FEB 24 2021

DOC NUMBER

1290029

INSTITUTION

MECC
Grievance Officer

REASON FOR APPEAL

I. nobody discuss any lab results with me on December 11th of 2020, so I don't have to voice complaints or symptoms related to Hep C, I am on Chronic Care my medical Provider knows that 3. The fact remains that I was found to have hep C over three years ago, the State took funding for the hep C treatment, and failed to administer said treatment to me for multiple years. As I Said before I understand that I will be given treatment when it becomes "available" for me but for the years that Corizon failed to administer my treatment I have sustained damage to my liver, whether small or large is not the issue, the issue is I would not have this damage to my liver, or hep C had Corizon administered the cure or treatment, when they were supposed to. I am still seeking quicker treatment, and financial compensation due to the damage of my liver. Please take into consideration the lack of medical treatment as well as the amount of years I went without the treatment.

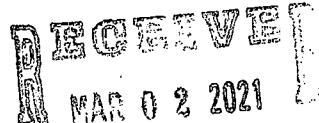
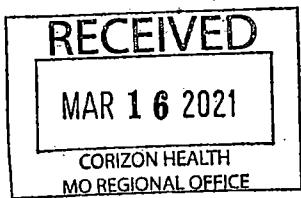
OFFENDER SIGNATURE

Chris Clay

DATE

2-23-21

RESPONSE



SIGNATURE

DATE

Finalization of this appeal represents exhaustion of this grievance pursuant to federal law, 28 CFRs 40

OFFENDER SIGNATURE

DATE

**Offender Grievance Appeal
Response**

TO: Clay, Christopher #1290029
INSTITUTION: Missouri Eastern Correctional Center
GRIEVANCE NUMBER: MECC-20-1244
Date OF APPEAL: February 24, 2021

Your grievance appeal has been received and reviewed, as well, your medical record has been reviewed. The purpose of this review is to assure that timely and appropriate healthcare has been provided to you. This assessment of your medical needs may differ from your personal desires. Please note only one grievance issue will be addressed her IRR per MODOC policy.

I understand your one original IRR complaint to be, "You contend that you have been denied treatment for Hepatitis."

Upon review of your medical record, grievance records and investigation of your concerns, I found that you have a diagnosis of Hepatitis C. Your record shows that you were last schedule for evaluation/ examination in the chronic care clinic for Hepatitis C on December 11, 2020 and received lab testing by the medical staff at MECC. Your records note that the results of your testing did not show a medical priority for you to receive treatment at this time. Priority status is determined by the calculations of the APR I score and FIB-4 score, along with the physical exam findings and history of certain other medical conditions. The APR I score is calculated using the AST level in the platelet count. The score is a predictor of cirrhosis. A FIB-4 score is also calculated using your age, AST level, ALT level and platelet count. The FI B-four score helps to estimate the amount of scarring in the liver. You will continue to be monitored in the chronic care clinic on a routine basis; therefore you may address any further questions that may arise with the provider during these appointments. This monitoring will include a routine comprehensive metabolic panel (CMP), which includes an AST level, ALT level, and 22 other test. A complete blood count is also considered, particularly with regards to the 933 platelet count. You are strongly encouraged to attend your chronic care clinic appointments as your need for treatment/will be evaluated during every appointment.

Conclusion: Your record shows ongoing care and treatment for your medical/mental health issues by licensed, qualified healthcare professionals with many years of experience. We rely upon the independent, discretionary medical judgment of the site physicians to determine care, medication and treatment, as needed. Should your medical condition change please address any concerns through the sick call process at your facility.

March 16, 2021
Date Received

March 23, 2021
Date Response


J. Cofield Constituent Services


T. Bredeman, D.O. Assoc. Regional Medical Dir.

OFFENDER COPY

3B-12